61. Transverse Sinus Thrombosis in Newborns: Clinical and Magnetic Resonance Imaging Findings

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Transverse sinus thrombosis (TST) in full-term infants has been considered an exceedingly rare sequela of perinatal trauma. The thrombosis is thought to be a consequence of a tentorial tear and is associated with subarachnoid and sub-dural hemorrhages. Presented is a series of full-term infants with uniform clinical, electrophysiological, and cerebrospinal fluid (CSF) characteristics (Table), all of which had TST on magnetic resonance imaging (MRI).

These infants, seen over a six-month period, present a dis-tinct clinical syndrome of mildly abnormal prenatal history, good Apgar scores, hyperirritability or seizures, hemorrhagic CSF, right temporal sharp waves on EEG, and good out-come. MRI is diagnostic, revealing nonflowing blood (throm-bosis) of the right, dominant, transverse sinus, associated with thrombosis of the torcula (2 cases) and straight sinus (1 case). We suggest that TST is a fairly common (and over-looked) entity in the full-term neonate.

Patient	Sex/wt (gm)	Apgar Score (1/5 min)	Predisposing Factors	Seizures/EEG	CSF	Neurological Examination
1	F/2815	4/6	Maternal fever	None/excessive central and temporal sharp waves	Numerous red cells, xanthochromic	Normal
2	F/3900	6/8	Fetal distress, C-section	None/excessive R temporal sharp waves	Not done	Normal
3	M/2575	8/9	Premature labor, maternal hypertension	One/excessive central and temporal sharp waves	100,000 red cells	Normal